

Document Number

Document Title

State of Wisconsin  
Department of Natural Resources  
PO Box 7921  
Madison, Wisconsin 53707

## Satisfaction of Cost-Share Agreement

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Applicable to landowners participating in the:

- PRIORITY WATERSHED & PRIORITY LAKE PROGRAM
- TARGETED RUNOFF MANAGEMENT PROGRAM
- URBAN NONPOINT SOURCE & STORM WATER MANAGEMENT PROGRAM

**Notice:** This form is authorized by ss. 281.65 and 281.66, Wis. Stats., and chs. NR 120, NR 153, NR 154, and NR 155, Wis. Adm. Code. Personal information collected will be used for management and enforcement of DNR grant programs and is not intended to be used for other purposes. Information collected may be made available to requesters as required under Wisconsin's Open Records law [s. 19.32-19.39, Wis. Stats.].

**Instructions:** Completion of this form is necessary to document that the commitments made with a cost-share recipient have been fully satisfied, including the operation and maintenance period. Complete all sections, as applicable. Type or print neatly using blue or black ink.

### Grant Information

Grant Program (Check One)

☐ Priority Watershed & Priority Lake ☐ Targeted Runoff ☐ Urban NPS & Storm Water

Project Name

Grant Number

Recording Area

**For more information, call or contact:**

The undersigned Governmental Unit Agent certifies that the following cost-share agreement has been fully satisfied:

Cost-Share Agreement Number

Name of Cost-Share Recipient(s) (Last, First, M.I.)

Name of Landowner(s) (if not cost-share recipient(s))

Governmental Unit (Grantee Name)

Address of Governmental Unit (Grantee) (Street Address, City, State, Zip Code)

Recorded in the office of the Register of Deeds of \_\_\_\_\_ County, Wisconsin,

As Document Number \_\_\_\_\_ in Volume (Reel) \_\_\_\_\_, of \_\_\_\_\_,

On Page(s) (Image) \_\_\_\_\_.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Signature of Governmental Unit Agent

Typed or Printed Name of Governmental Unit Agent

STATE OF WISCONSIN )  
 ) ss.  
\_\_\_\_\_ County )

Personally came before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, the

Above named \_\_\_\_\_

To me known to be the person \_\_\_\_\_ who executed the foregoing instrument and acknowledge the same.

Signature of Notary Public

Typed Name of Notary Public

Notary Public \_\_\_\_\_ County, Wisconsin

My commission (is permanent) (expires \_\_\_\_\_).

*This document was drafted by the Wisconsin Department of Natural Resources.*

**Satisfaction of Cost-Share Agreement  
Addendum 1 – Property Legal Description and  
Best Management Practice(s) Satisfied**

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**A1. Legal Description of Property to be Satisfied** (select one)

- ☐ Legal description of property to be satisfied is the same as the legal description provided in the CSA recorded at the county Register of Deeds office.
- ☐ Legal description of property to be satisfied is different than the legal description provided in the CSA recorded at the county Register of Deeds office.

If different, provide the legal description below of the property to be satisfied. Attach additional sheets if necessary.

**A2. Best Management Practice(s) Satisfied**

**Instructions:** List in the table below the best management practice(s) that are satisfied.

Location	DNR BMP Code	Practice Name

CSA Number	Typed Name of Landowner/Operator	Initials of Governmental Unit Agent	Date